

FORM

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
BUSINESS TAX SUMMARY

SEQUENCE #1

BT-SUMMARY

For the CALENDAR year 1995 or other tax year beginning and ending
Mo Day Year Mo Day Year**STEP 1**
Place LABEL
HERE
Otherwise
Please Print
or Type

PROPRIETORSHIP - LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER
PROPRIETORSHIP - SPOUSE'S LAST NAME	FIRST NAME & INITIAL	SPOUSE'S SOCIAL SECURITY NUMBER
CORPORATE, PARTNERSHIP, FIDUCIARY OR NON-PROFIT NAME		
NUMBER AND STREET ADDRESS		FEDERAL IDENTIFICATION NUMBER
CITY OR TOWN, STATE AND ZIP CODE		PRINCIPAL BUSINESS ACTIVITY CODE (Follow Federal Instructions)
For next year, instead of receiving a Business Tax Booklet, do you wish to receive just a mailing label to give to your preparer? If yes, check here <input type="checkbox"/>		SPOUSE'S PRINCIPAL BUSINESS ACTIVITY CODE (FOR PROPRIETORSHIP)

STEP 2
Return Type,
Federal
Information
and Filing
Requirement

☐ ② CORPORATION ☐ ③ PARTNERSHIP ☐ ① PROPRIETORSHIP ☐ AMENDED RETURN
☐ ② COMBINED GROUP ☐ ⑤ NON-PROFIT ☐ ④ FIDUCIARY ☐ FINAL RETURN

☐ Check here if the IRS has made any agreed or partially agreed to adjustments for any federal income tax return which has not been previously reported to NH. Enter years covered by IRS Submit changes under a separate cover.

DO YOU MEET THE FILING REQUIREMENTS FOR: (SEE INSTRUCTIONS) BET: Yes No BPT: Yes No

STEP 3

PLEASE COMPLETE THE BET AND/OR BPT RETURN(S) AND THEN BUSINESS TAX SUMMARY.

STEP 4
Figure Your
Balance
Due or
Overpayment

1 (a) Business Enterprise Tax Net of Statutory Credits	1 (a)		
(b) Business Profits Tax Net of Statutory Credits	1 (b)		1
2 PAYMENTS:			
(a) Tax paid with application for extension	2 (a)		
(b) Payments from 1995 estimated taxes	2 (b)		
(c) Payments carried over from prior year	2 (c)		
(d) Payments with original return (Amended returns only)	2 (d)		2
3 TAX DUE (Line 1 less line 2)			3
4 ADDITIONS TO TAX:			
(a) Interest (See instructions)	4 (a)		
(b) Failure to Pay (See instructions)	4 (b)		
(c) Failure to File (See instructions)	4 (c)		
(d) Underpayment of Estimated Tax (See instructions) Attach Form DP 2210/2220	4 (d)		4
5 BALANCE DUE (Line 3 plus line 4). If less than \$1 do not pay, but still file the return. Make check payable to: State of New Hampshire			5
6 OVERPAYMENT (Line 2 less line 1, adjusted by line 4, if applicable)	6		
7 Apply overpayment amount of line 6 to: (a) The 1996 tax liability			7 (a)
(b) Refund - Please allow 12 weeks for processing			7 (b)

THIS RETURN MUST BE ACCOMPANIED BY COMPLETE AND LEGIBLE COPIES OF THE APPROPRIATE FEDERAL FORMS AND SCHEDULES.

STEP 5
Signature(s)

Under penalties of perjury, I declare that I have examined this summary and the attached returns, and to the best of my belief they are true, correct and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has knowledge. If a combined group, I also certify that all affiliated companies are included in the appropriate group described in this return.

Signature	Signature of Paid Preparer Other Than Taxpayer
Title and Date	Preparer's Identification Number Date
Spouse's Signature and Date (PROPRIETORSHIP ONLY)	Preparer's Address
MAIL TO: DOCUMENT PROCESSING DIVISION P.O. BOX 637 CONCORD, NH 03302-0637	City or Town, State and Zip Code

BT-SUMMARY

FORM

BET

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
BUSINESS ENTERPRISE TAX RETURN FOR CORPORATIONS, COMBINED
GROUPS, PARTNERSHIPS, FIDUCIARIES AND NON-PROFIT ORGANIZATIONS

For the CALENDAR year **1995** or other tax year beginning and ending
 Mo Day Year Mo Day Year

YOU ARE REQUIRED TO FILE THIS FORM IF GROSS RECEIPTS WERE GREATER THAN \$100,000

OR

THE ENTERPRISE VALUE TAX BASE WAS GREATER THAN \$50,000.

STEP 1 Please Print or Type Name	CORPORATE, PARTNERSHIP, FIDUCIARY, PRINCIPAL NH BUSINESS ORGANIZATION OR NON-PROFIT NAME		FEDERAL IDENTIFICATION NUMBER _____	
	<p>If your business activities are conducted both within and without New Hampshire AND the business organization is subject to a business privilege tax, a net income tax, a franchise tax based upon net income or a capital stock tax in another state, whether or not it is actually imposed by the other state, then the business enterprise must apportion its enterprise value tax base. Complete Form BET-80, or Form BET-80-WE for combined groups to determine the values for lines 1, 2 and 3. If you need Form BET-80, or Form BET-80-WE and it is not included in your booklet, it may be obtained by calling (603) 271-2192.</p>			
STEP 2 Compute the Enterprise Value Tax Base.	1 Dividends Paid	1		
	2 Compensation and Wages Paid or Accrued	2		
	3 Interest Paid or Accrued	3		
	4 Enterprise Value Tax Base (Sum of lines 1, 2 and 3)			4
STEP 3 Figure Your Tax	5 NH Business Enterprise Tax (Line 4 x .0025)			5
	6 Statutory Credits: (a) RSA 162-L:8, Community Development Finance Authority Credit (See instructions)	6(a)		
	(b) Transition Credit (See instructions)	6(b)		6
	7 Business Enterprise Tax Net of Statutory Credits (Line 5 less line 6. IF NEGATIVE, ENTER 0.)			7

ENTER THE AMOUNT FROM LINE 7 ON LINE 1(a) OF THE BUSINESS TAX SUMMARY FORM.

IF YOU HAVE COMPLETED THIS RETURN IT MUST BE FILED WITH THE BT-SUMMARY.

**NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
BUSINESS ENTERPRISE TAX APPORTIONMENT**

For the CALENDAR year **1995** or other tax year beginning Mo Day Year and ending Mo Day Year

NAME		FEDERAL IDENTIFICATION /SOCIAL SECURITY NUMBER	
SECTION I – APPORTIONMENT FACTORS			
COMPENSATION AND WAGES FACTOR	1 NH Compensation and Wages Paid or Accrued	1	
	2 Everywhere Compensation and Wages Paid or Accrued	2	
	3 COMPENSATION FACTOR (Line 1 divided by line 2) Enter this amount on line 21.	3	.
INTEREST FACTOR	4 Average of NH Property	4	
	5 Average of Everywhere Property	5	
	6 INTEREST FACTOR (Line 4 divided by line 5) Enter this amount on line 26.	6	.
DIVIDEND FACTOR	7 NH Sales	7	
	8 Everywhere Sales	8	
	9 Sales Factor (Line 7 divided by line 8)	9	.
	10 Sub-total (Sum of lines 3, 6 and 9)	10	.
	11 DIVIDEND FACTOR (See instructions) Enter this amount on line 15.	11	.
SECTION II – BUSINESS ENTERPRISE TAX BASE APPORTIONMENT			
DIVIDEND APPORTIONMENT	12 Dividends Paid	12	
	13 Less Dividend Deduction (See instructions)	13	
	14 Subtotal (Line 12 less line 13)	14	
	15 Dividend Apportionment Factor (From line 11)	15	.
	16 Taxable Dividends (Line 14 multiplied by line 15. If negative, show in brackets)	16	
	17 TOTAL TAXABLE DIVIDENDS (From line 16.) IF NEGATIVE, ENTER 0. Enter this amount on line 1, Form BET or Form BET-PROP.	17	
	COMPENSATION AND WAGES APPORTIONMENT	18 Compensation and Wages Paid or Accrued	18
19 LESS: Retained Compensation (See instructions)		19	
20 Subtotal (Line 18 less line 19)		20	
21 Compensation Apportionment Factor (From line 3)		21	.
22 Taxable Compensation (Line 20 multiplied by line 21)		22	
23 LESS: Dividend Offset (See instructions)		23	
24 TOTAL TAXABLE COMPENSATION (Line 22 less line 23) Enter this amount on line 2, Form BET or Form BET-PROP.		24	
INTEREST APPORTIONMENT		25 Interest Paid or Accrued	25
	26 Interest Apportionment Factor (From Line 6)	26	.
	27 Taxable Interest (Line 25 multiplied by line 26)	27	
	28 LESS: Dividend Offset (See instructions)	28	
	29 TOTAL TAXABLE INTEREST (Line 27 less line 28) Enter this amount on line 3, Form BET or Form BET-PROP.	29	

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
CORPORATION BUSINESS PROFITS TAX RETURN

For the CALENDAR year **1995** or other tax year beginning

Mo	Day	Year

 and ending

Mo	Day	Year

Due Date for CALENDAR year filers is on or before March 15, 1996 or the 15th day of the 3rd month after the close of the fiscal period.

YOU ARE REQUIRED TO FILE THIS FORM IF YOUR GROSS RECEIPTS WERE GREATER THAN \$50,000.

STEP 1 Please Print or Type	NAME OF CORPORATION	FEDERAL IDENTIFICATION NUMBER
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STEP 2 Questions	<p>A Is the corporation filing its tax return on an IRS approved 52/53 week tax year? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>B Does the corporation file with the IRS as part of a federal consolidated return? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>C Does the corporation file as part of a unitary group in any other jurisdiction? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>D Is this a "combined" business profits tax return? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
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If the answer to "D" is yes, do not complete this return. You must file a NH-1120-WE return. Please call (603) 271-2192 to request a copy of the 1995 Business Tax Booklet for Combined Corporations.

STEP 3 Figure Your Taxes	<p>1 Gross Business Profits</p> <p>(a) Taxable income (loss) before net operating loss deduction and special deductions (See instructions and attach copy of federal return) 1(a) <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table></p> <p>(b) Separate entity or passive loss limitation adjustments (See instructions) 1(b) <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table></p> <p>(c) NH Gross Business Profits [Combine line 1(a) and line 1(b). If negative, show in brackets. See instructions for NOL carryforward provisions] 1(c) <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table></p> <p>2 Additions and Deductions</p> <p>(a) Add back income taxes or franchise taxes measured by income (Attach schedule of taxes by state) 2(a) <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table></p> <p>(b) "Safe Harbor" or other similar leases (RSA 77-A:4-a and Rev 303.01) (Attach schedule showing computation) 2(b) <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table></p> <p>(c) NH Net Operating Loss Deduction (Attach Form DP-132) 2(c) <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>(</td><td>)</td></tr></table></p> <p>(d) Interest on US Obligations 2(d) <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>(</td><td>)</td></tr></table></p> <p>(e) Wage adjustment required by I.R.C. Section 280C 2(e) <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>(</td><td>)</td></tr></table></p> <p>(f) Deductible dividends (See instructions) 2(f) <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>(</td><td>)</td></tr></table></p> <p>(g) Income exempt under federal constitutional law, net of related expenses (See instructions) 2(g) <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>(</td><td>)</td></tr></table></p> <p>(h) Distribution from joint venture or partnership subject to NH taxation (Attach schedule: Name, Federal I.D. No. and amount distributed) 2(h) <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>(</td><td>)</td></tr></table></p> <p>(i) Foreign dividend gross-up (I.R.C. Section 78) 2(i) <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>(</td><td>)</td></tr></table></p> <p>(j) Research contribution (See RSA 77-A:4 XII. Attach computation) 2(j) <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>(</td><td>)</td></tr></table></p> <p>(k) Contributions made to a Qualifying Venture Capital Fund 2(k) <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>(</td><td>)</td></tr></table></p> <p>(l) Add back return of capital from Qualifying Venture Capital Fund 2(l) <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table></p> <p>(m) Combine lines 2(a) through 2(l). If negative, show in brackets 2(m) <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table></p> <p>3 Adjusted Gross Business Profits [Line 1(c) adjusted by line 2(m). If negative, show in brackets.] 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table></p> <p>4 New Hampshire Apportionment (Form DP-80, line 5. Express as a decimal to 6 places.) 4 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table></p> <p>5 New Hampshire Taxable Business Profits (Line 3 x line 4. If negative, enter 0.) 5 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table></p> <p>6 New Hampshire Business Profits Tax (Line 5 x 7%) 6 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table></p>											()	()	()	()	()	()	()	()	()													
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STEP 4 Figure Your Credits	<p>7 Credits allowed under RSA 77-A:5 as shown on Form DP-160 7 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table></p> <p>8 Subtotal (Line 6 less line 7) 8 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table></p> <p>9 Business Enterprise Tax Credit (See instructions) 9 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table></p> <p>10 Business Enterprise Tax Credit to be applied against Business Profits Tax (Enter the lesser of line 8 or line 9) 10 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table></p> <p>11 NH Business Profits Tax Net of Statutory Credits (Line 8 less line 10. IF NEGATIVE, ENTER 0.) 11 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table></p>											

ENTER THE AMOUNT FROM LINE 11 ON LINE 1(b) OF THE BUSINESS TAX SUMMARY FORM.
IF YOU HAVE COMPLETED THIS RETURN IT MUST BE FILED WITH THE BT-SUMMARY.

FORM
DP-80
Schedule A

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
BUSINESS PROFITS TAX APPORTIONMENT

SEQUENCE # 5

For the CALENDAR year **1995** or other tax year beginning and ending
Mo Day Year Mo Day Year

NAME	FEDERAL IDENTIFICATION/SOCIAL SECURITY NUMBER
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(a) Everywhere (Denominator)	(b) New Hampshire (Numerator)	(c) Sales/Receipts Factor
1 SALES/RECEIPTS FACTOR: 1(a) \$ <u> </u>	1(b) \$ <u> </u>	
1(c) Divide 1(b) by 1(a) = <u> </u> x 2 (Express as a decimal to 6 places)		1(c) <u> </u>

(a) Everywhere (Denominator)	(b) New Hampshire (Numerator)	(c) Payroll Factor
2 PAYROLL FACTOR: 2(a) \$ <u> </u>	2(b) \$ <u> </u>	
2(c) Divide 2(b) by 2(a) (Express as a decimal to 6 places)		2(c) <u> </u>

3 PROPERTY FACTOR:

(a) Everywhere (Denominator)	(b) New Hampshire (Numerator)
Beginning of Period End of Period	Beginning of Period End of Period
Inventory	Inventory
Buildings	Buildings
Furniture & Fixtures	Furniture & Fixtures
Leasehold Improvements	Leasehold Improvements
Land	Land
Other Tangible Assets	Other Tangible Assets
Sub Totals	Sub Totals
Average of Sub Totals	Average of Sub Totals
Rented Property (annual rate x 8)	Rented Property (annual rate x 8)
Total Property Everywhere 3(a) \$ <u> </u>	Total NH Property 3(b) \$ <u> </u>
3(c) Divide 3(b) by 3(a) (Express as a decimal to 6 places) 3(c) <u> </u>	

4 TOTAL OF LINES 1(c), 2(c) and 3(c) 4

5 NEW HAMPSHIRE APPORTIONMENT: Line 4 divided by 4 and expressed as a decimal to 6 places..5
If there are only one or two factors with an "Everywhere" denominator, then see instructions.

ADDITIONAL INFORMATION

Principal business activity in New Hampshire: _____

Business locations in New Hampshire – location of factories, sales offices, warehouses, etc. (Attach a list if more space is required)

Year first NH return filed: 19 ____ Year registered with NH Secretary of State: 19 ____ State of incorporation (2-letter ID): ____

City, State and Country where records are located: _____
CITY/TOWN STATE COUNTRY

Business locations outside New Hampshire. (Attach a list if more space is required)

Location City and State	Indicate whether factory, sales office, warehouse, construction site, etc.	Answer Yes or No		
		Registered to do business in state where located?	Files returns in state where located?	Apportion sales, payroll and/or property in state where located?

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
BUSINESS PROFITS TAX – SMALL BUSINESS CORPORATIONS
COMPUTATION OF "S" CORPORATION GROSS BUSINESS PROFITS

SEQUENCE # 9

For the CALENDER year **1995** or other tax year beginning

Mo	Day	Year
----	-----	------

 and ending

Mo	Day	Year
----	-----	------

NAME	FEDERAL IDENTIFICATION NUMBER
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WERE ANY DISTRIBUTIONS MADE TO NEW HAMPSHIRE SHAREHOLDERS? Yes _____ No _____
If yes, then you are required to file form DP-9 under separate cover by May 1, 1996 to report actual distributions to New Hampshire shareholders.

1 Income and Deductions from Federal Form 1120S. SHOW ALL LOSSES IN BRACKETS, e.g. (\$50)

- (a) Ordinary income (loss) from trade or business activities
(Federal Form 1120S, Page 1, line 21) 1(a)
- (b) Net income (loss) from rental real estate activities
(Federal Form 1120S, Schedule K, line 2) 1(b)
- (c) Net income (loss) from other rental activities
(Federal Form 1120S, Schedule K, line 3c) 1(c)
- (d) Portfolio income (loss) such as but not limited to
interest, dividend or royalty income
(Federal Form 1120S, Schedule K, lines 4a, b, c & f) 1(d)
- (e) Capital gain on the sale of assets
(Federal Form 1120S, Schedule K, lines 4d & e) 1(e)
- (f) Net gain (loss) under section 1231
(Federal Form 1120S, Schedule K, line 5) 1(f)
- (g) Other income (loss) from "S" corporation activities
(Federal Form 1120S, Schedule K, line 6) 1(g)
- (h) Other "S" Corporation expenses shown on Federal Form 1120S,
Schedule K, lines 7, 8, 9 & 10
(Refer to Rev 302.01 for limitations) 1(h)
- (i) Total "S" corporation income and deductions
[Combine lines 1(a) through 1(h)] 1(i)

2 Other deductions not included in "S" Corporation return allowable to "C" Corporations under Internal Revenue Code. (Attach supporting schedule) 2

3 "S" Corporation Gross Business Profits or Loss
[Combine line 1(i) and line 2.] Enter here and on page 1, line 1 of Form NH-1120 3

INTENT: It is the primary intent of the Department to equate the federally distinguished subchapter "S" corporations with the regular corporations. No part of this form shall be construed as to allow a greater deduction from income or inclusion to income than would be allowable for regular corporations. (Rev 302.01)

FOR ADDITIONAL INFORMATION: Please see Rev 302.01 or contact the Audit Division at (603) 271-3400. For hearing or speech impaired individuals, call TDD Access: Relay NH 1-800-735-2964.

WHO MUST FILE: Corporations which qualify for and file as Subchapter "S" corporations for federal income tax purposes pursuant to Internal Revenue Code as amended are treated the same as corporations which file as regular corporations for federal income tax purposes. All business organizations organized as Subchapter "S" corporations for federal income tax purposes must file Form DP-120.

WHEN TO FILE: Form DP-120 must be filed with Form NH-1120

NET OPERATING LOSS (NOL) DEDUCTION

For the CALENDAR year **1995** or other tax year beginning and ending
Mo Day Year Mo Day Year

NAME

FEDERAL IDENTIFICATION /SOCIAL SECURITY NUMBER

**WHEN
TO USE
THIS FORM**

Use this form to detail the Net Operating Loss Carryforward amount included in the current tax year net operating loss deduction taken on Form NH-1040, NH-1041, NH-1065 or NH-1120. This form must be attached to the NH tax return in the year the NOL deduction is claimed.

(A) Ending date of tax year in which NOL occurred	(B) NOL amount available for five year carryforward period Cannot exceed \$250,000 per year and must be adjusted for Transition Credit.	(C) Amount of NOL carryforward which has been used in tax years prior to this tax year	(D) Amount of NOL to be used as a deduction in this tax year	(E) Amount of NOL to carryforward to future years
Mo Day Yr				
1 <input type="text"/> <input type="text"/> <input type="text"/>	1 <input type="text"/> <input type="text"/>	1 <input type="text"/> <input type="text"/>	1 <input type="text"/> <input type="text"/>	1 <input type="text"/> <input type="text"/>
2 <input type="text"/> <input type="text"/> <input type="text"/>	2 <input type="text"/> <input type="text"/>	2 <input type="text"/> <input type="text"/>	2 <input type="text"/> <input type="text"/>	2 <input type="text"/> <input type="text"/>
3 <input type="text"/> <input type="text"/> <input type="text"/>	3 <input type="text"/> <input type="text"/>	3 <input type="text"/> <input type="text"/>	3 <input type="text"/> <input type="text"/>	3 <input type="text"/> <input type="text"/>
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5 <input type="text"/> <input type="text"/> <input type="text"/>	5 <input type="text"/> <input type="text"/>	5 <input type="text"/> <input type="text"/>	5 <input type="text"/> <input type="text"/>	5 <input type="text"/> <input type="text"/>

6 Amount of NOL carryforward deducted this tax year.

(Sum of column D, lines 1-5) 6

This is the amount to be reported on the applicable Business Profits Tax return. This amount cannot exceed the NH Adjusted Gross Business Profits before the Net Operating Loss Deduction.

NOTE: Column (B) less Column (C) should equal the sum of Column (D) plus Column (E).

IMPORTANT:

A NH Net Operating Loss may be carried forward for five years following the loss year provided, however, that no loss amounts incurred prior to January 1, 1989 shall be used to calculate the NOL deduction.

Rev 303.04(c) – Carryback Of Loss Required. For purposes of calculating the amount of any net operating loss deduction allowed under RSA 77-A:4, XIII, section 172 of the Internal Revenue Code shall be followed, except that,

- (1) Any loss amount shall first be carried back to those tax years required by the Internal Revenue Code without application of the election in section 172(b) (3) and applied to any income in the carryback tax years, before any remaining loss is carried forward as a net operating loss deduction.
- (2) The carryback of losses as provided in (1) above shall result in neither an allowable net operating loss deduction in the carryback years nor a refund of previously paid taxes. Amended returns filed for such purposes shall be prohibited.
- (3) The business organization's failure to carry back net operating losses and apply them to the income of prior profitable years shall result in the loss being presumed to be fully absorbed in the carryback year(s).

The Net Operating Loss carryforward shall be apportioned pursuant to RSA 77-A:3, RSA 77-A:4, and Rev 303.04(d).

FORM

DP-160

Schedule CR

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

SCHEDULE OF BUSINESS PROFITS TAX CREDITS

SEQUENCE #8

RSA 77-A:5

For the CALENDAR year **1995** or other tax year beginning Mo Day Year and ending Mo Day Year

NAME	FEDERAL IDENTIFICATION/SOCIAL SECURITY NUMBER
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- 1 Taxes paid pursuant to RSA 83-C Franchise Tax on Public Utilities 1
- 2 Taxes paid pursuant to RSA 400-A Taxation of Insurance Companies 2
- 3 Bank Franchise Tax Credit (See instructions) 3
- 4 Job Creation Tax Credit
- 4(a) Total Job Creation Tax Credit available (See instructions) 4(a)
- 4(b) Total NH Business Profits Tax x 5% 4(b)
- 4(c) Enter the lesser of line 4(a) or line 4(b) 4(c)
- 5 Manufacturing Capital Expenditure Credit:
- 5(a) Total Manufacturing Capital Expenditure Tax Credit available
(See instructions) 5(a)
- 5(b) Total NH Business Profits Tax x 5% 5(b)
- 5(c) Enter the lesser of line 5(a) or line 5(b) 5(c)
- 6 Community Development Finance Authority Credit for contributions made or pledged prior to 7/1/94 6
- 7 Total Credits allowable pursuant to RSA 77-A:5 [Enter the sum of lines 1, 2, 3, 4(c), 5(c) and 6] 7
- 8 Total NH Business Profits Tax 8
- 9 Total amount of allowable credits (Enter the lesser of line 7 or line 8) 9

Total amount of these credits shall not exceed the tax due under RSA 77-A.